



Treatment Protocol: BEHAVIORAL / PSYCHIATRIC CRISIS

Ref. No. 1209-P

1. Assess situation for safety; Attain law enforcement assistance for physical restraint prior to approaching a patient if a weapon is visualized or the patient threatens violence towards EMS
2. Approach patient with caution and attempt verbal de-escalation ❶
3. Assess airway and initiate basic and/or advanced airway maneuvers prn (*MCG 1302*)
4. Administer **Oxygen** prn (*MCG 1302*)
5. For combative patients requiring restraints for patient or provider safety: ❷
CONTACT BASE for **Midazolam (5mg/mL) 0.1 mg/kg IM/IN/IV**, dose per *MCG 1309* ❸
Repeat dosing every 5 min prn per Base order
6. If evidence of trauma, provide spinal motion restriction prn (*MCG 1360*)
7. Establish vascular access prn (*MCG 1375*)
8. Check blood glucose prn ❹
If glucose < 60mg/dL or > 250mg/dL treat in conjunction with *TP 1203-P, Diabetic Emergencies*
9. Initiate cardiac monitoring prn (*MCG 1308*)
Assess for dysrhythmia or interval widening
CONTACT BASE for QRS > 0.12 sec, QT > 500ms, or heart rate > 150 or < 50 to discuss need to administer **Sodium Bicarbonate (1mEq/mL) 1mEq/kg IV** per *MCG 1309* ❺
10. For suspected ingestions, treat in conjunction with *TP 1241-P, Overdose / Poisoning / Ingestion*



SPECIAL CONSIDERATIONS

- ❶ It is important to assess for any evidence of suicide attempt. If there is concern for overdose, ask the patient to provide information on agents used (specifically what, when, and how much). Collect and transport any medication vials, additional pills, etc. This will assist in determining necessary antidote treatment and monitoring at the hospital. This information is often lost, if not obtained immediately on scene.
- ❷ Avoid applying restraints to patients who do not present a threat to self or EMS personnel. Never transport a patient in restraints in prone position. ([Ref. 838](#))
- ❸ Midazolam onset is 2 minutes with maximum effect at 5 minutes. IM or IN routes are preferred unless an IV has previously been established.
- ❹ Agitation may be present after a seizure, or in the setting of hypo/hyperglycemia. Consider checking glucose early if the patient is a known diabetic or demonstrates clinical evidence of hypoglycemia.
- ❺ Several drugs that may cause agitation and present similarly to a psychiatric crisis may also cause life threatening cardiac arrhythmias after intentional or accidental overdose. These arrhythmias are often preceded by prolonged ECG intervals (particularly QRS > 0.12 sec or QT interval > 500ms). Cocaine intoxication is strongly associated with Agitated Delirium and may also produce cardiac effects similar to Tricyclic antidepressant (TCA) overdose (widened QRS progressing to malignant arrhythmia). These patients may require a large dose of sodium bicarbonate to prevent sudden cardiac death. Consult Base Physician immediately to discuss administration of Sodium Bicarbonate; may repeat x1 if QRS remains >0.12 sec after initial sodium bicarbonate. Treat in conjunction with [TP 1241-P, Overdose / Poisoning / Ingestion](#)